

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
 AsOfDate 05/09/2012

0001144716 5/14/12

Voucher Number	Vchr	VchrLineDescr	Distr	Account	Account	Fund	VendorName	Withhold	Accounting Period Year	Month	PurchaseOrder	Invoice Number	Total Amount
Number	Line		Line#		Description								
00293703	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L.	06101	ADAMS RICH-001		2012	05	0000088227	Adams, 4.1-4.6.1	705.00
00293703	2	I/S Mileage and fare	1	542100	Employee I/S Mileage &	06101	ADAMS RICH-001		2012	05	0000088227	Adams, 4.1-4.6.1	168.10
Total For Voucher													873.10

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500

Invoice Number: Adams, 4.1-4.6.12

Voucher ID: 00293703

Invoice Date: 05/04/2012

Voucher Style: Regular

Total: 873.10

Vendor: ADAMS, RICHARD B

*Pay Terms:

Pay Now  Schedule Payments

RUIDOSO PUBLIC HEALTH OFFICE
RUIDOSO, NM 88345

Payment Information

Scheduled Payment: 1

*Remit to: 0000097303 

Location: 001 

*Address: 1 

ADAMS, RICHARD B
RUIDOSO PUBLIC HEALTH OFFICE
103 KANSAS CITY RD
RUIDOSO, NM 88345

Gross Amount: 873.10 USD

Discount: 0.00 USD Discount Denied

Late Charge

Scheduled Due: 05/04/2012 

Net Due: 05/04/2012

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

*Account: B

*Method: ACH ACH

Message:

Pay Group:

*Handling: RE

*Netting: N 

Message will appear on remittance advice.

 Messages

Find | View All First 1 of 1 Last  

[Summary](#) [Invoice Information](#) [Payments](#) [Voucher Attributes](#) [Error Summary](#)[New Window](#) | [Help](#) | [Customize Page](#) | [http](#)

Business Unit: 66500

Invoice Number: Adams, 4.1-4.6.12

Voucher ID: 00293703

Invoice Date: 05/04/2012

Voucher Style: Regular

Total: 873.10

Voucher Processing

☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD

Account At: Gross

Match Action

*Status:

Ready

☐ Pay Unmatched Voucher

Transaction Currency

*Source:

Tables

*Currency: USD

Rate Type: CRRNT

Exchange Rate:

1.00000000

Voucher Approval

*Approval:

Specify at this Level

Business Process: PROCESS_VOUCHERS

Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option:

Group Vouchers (Auto-Nur

SBI Number:

Prepayment

Prepayment Reference:

☐ Automatically Apply Prepayment☐ Postpone Withholding

Letter of Credit

Letter of Credit ID:



Tax Group

Saved

AGENCY NAME New Mexico Department of Health

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 2
DATE 4/1/12
AGENCY CODE 66500
VOUCHER NUMBER 00293703

NAME Richard Adam, MD

CAR LICENSE NUMBER LTR613

POST OF DUTY
Ruidoso

SOCIAL SECURITY NUMBER

97303

MODEL Ford

RESIDENCE
Ruidoso

PROPOSED
(ADVANCE VOUCHER)

☐

NORMAL WORK DAY 8:00am TO 5:00pm

YEAR 2011

ACTUAL
(RECOUPMENT VOUCHER)

☒

DATE

TIME SHOW AM OR PM

DEPARTURE

ARRIVAL

ENTER DESTINATION, NATURE, OF OFFICIAL
BUSINESS, PARTY CONTACTED AND MISCELLANEOUS

ODOMETER READINGS

ENTER START
AND FINISH

NO. OF
MILES

MILEAGE

PER DIEM

MISCELLANEOUS

TOTALS

4/1/12

4:00 AM

Depart Ruidoso to Santa Fe to attend meeting with Cabinet Secretary

MAP

205

84.05

135.00

219.05

4/2/12

Overnight

Santa Fe rates apply*

135.00

135.00

135.00

135.00

135.00

135.00

4/3/12

Overnight

Santa Fe rates apply*

135.00

135.00

135.00

135.00

135.00

135.00

4/4/12

Overnight

Santa Fe rates apply*

135.00

135.00

135.00

135.00

135.00

135.00

4/5/12

Overnight

Santa Fe rates apply*

135.00

135.00

135.00

135.00

135.00

135.00

4/6/12

4:00pm

Depart Santa Fe to Ruidoso
map miles-205
partial day per diem-12 hrs

MAP

205

84.05

30.00

114.05

114.05

PER DIEM IS BASED ON (CHECK ONE)

ACTUAL

☐

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.

TOTALS

410

168.10

705.00

873.10

873.10

APPROVED RATES

☒

Employee Signature

Date

Adjusted Reimbursement

Richard Adam, MD

I, Richard Adam, MD do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the DfA Regulations Governing the Per Diem and Mileage Act.

PAYEE SIGN HERE X

4/1/12

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	OFM, CMO
	Department ID and Fund:	6001001000	Telephone:	575-706-8931
	Post of Duty:	Ruidoso PH	Residence:	Ruidoso PH

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input type="checkbox"/> Check if state vehicle		<input checked="" type="checkbox"/> Check if personal vehicle		License #:	LTR613
	Year:	2011	Make:	Ford	Model:	Explorer


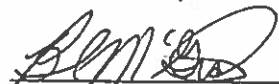
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Cabinet Secretary in Santa Fe.					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:		04/02/12		Destination:		Santa Fe	
	Departure Date:		04/01/12		Time:		4:00 AM	
	Return Date:		4/6/12		Time:		4:00 PM	
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:								

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage: 410 @ .41 per mile	\$ 168.10
546800: Registration – Employee		542200: In-State Per Diem: @ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only: 5 @ \$135/day	\$ 675.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee	\$ 873.10
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 873.10
Car Rental: days @ per day	\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 Employee Signature	Date	 Supervisor/Bureau Chief Signature	Date
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Division Director/Hospital Administrator (As per specific division requirements)	Date	Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)	Date
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